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## BIB DATA SHEET

CONFIRMATION NO. 7691

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/624,942	07/21/2003 RULE	424	1628	05986/100K504-US1	
<b>APPLICANTS</b> Marco Pappagallo, New York, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/398,175 07/24/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/22/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JENNIFER MYONG M KIM/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> DARBY & DARBY P.C. P.O. BOX 770 Church Street Station New York, NY 10008-0770 UNITED STATES					
<b>TITLE</b> Treatment of spinal mechanical pain					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		